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**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is for an original application.

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

Mixing Arrangement for Atomizing Nozzle in Multi-Phase Flow

**SPECIFICATION IDENTIFICATION**

- A) The specification is attached hereto; or  
B) The specification was filed on \_\_\_\_\_ as application number \_\_\_\_\_.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)**  
(35 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

**PROVISIONAL APPLICATION NUMBER**

60/456,522

**FILING DATE**

March 24, 2003

**POWER OF ATTORNEY**

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

**APPOINTED PRACTITIONER(S)**

Alexander D Raring

George M Cooper

William A Blake

Douglas R Hanscom

Jennifer P Yancy

**REGISTRATION NUMBER(S)**

52502

20201

30548

26600

47003

**AUTHORIZATION OF ATTORNEY(S) TO ACCEPT AND  
FOLLOW INSTRUCTIONS FROM REPRESENTATIVE**

The undersigned to this declaration and power of practitioner hereby authorizes the U.S. practitioner(s) named herein to accept and follow instructions from:

H. Wayne Rock, Esq  
MACRAE & COMPANY  
P.O. Box 806, Station "B"  
Ottawa, Ontario CANADA K1P 5T4

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. practitioner(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. practitioner(s) will be so notified by the undersigned.

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**SEND CORRESPONDENCE TO**

Alexander D Raring  
PO Box 2266 Eads Station  
Arlington, VA 22202  
23294

**DIRECT TELEPHONE CALLS TO:**

Alexander D Raring  
703-415-1500

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**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S) AND DATE OF EXECUTION**

Thomas William McCracken

**Inventor's signature** \_\_\_\_\_

**Date:**

**Date**

**Country of Citizenship** Canada

**Residence** Gloucester, Ontario Canada

**Post Office Address** 8 Lotus Court, Gloucester, Ontario K1J 8A7 Canada

Adam J. Bennett

**Inventor's signature** \_\_\_\_\_

**Date:**

**Date**

**Country of Citizenship** Canada

**Residence** Ottawa, Ontario Canada

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Kevin A. Jonasson

**Inventor's signature** \_\_\_\_\_

Date:

**Date** \_\_\_\_\_

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Deepak Kirpalani

**Inventor's signature** \_\_\_\_\_

Date:

**Date** \_\_\_\_\_

**Country of Citizenship** India

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Zahra Tafreshi

**Inventor's signature** \_\_\_\_\_

Date:

**Date** \_\_\_\_\_

**Country of Citizenship** Iran

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T. Base (deceased)

**Inventor's signature** \_\_\_\_\_

Date:

**Date** \_\_\_\_\_

**Country of Citizenship** Canda

**Residence** \*\*\*Other Inventor Residence\*\*\*

**Post Office Address** \*\*Other Inventor Mailing Address\*\*\*

D. Emberley

**Inventor's signature** \_\_\_\_\_

Date:

**Date** \_\_\_\_\_

**Country of Citizenship** Canda

**Residence** \*\*Other Inventor Residence\*\*\*

**Post Office Address** \*\*Other Inventor Mailing Address\*\*\*

D. Kennett

**Inventor's signature** \_\_\_\_\_

Date:

**Date** \_\_\_\_\_

**Country of Citizenship** Canada

**Residence** \*\*Other Inventor Residence\*\*\*

**Post Office Address** \*\*Other Inventor Mailing Address\*\*\*

**D. Bulbuc**

**Inventor's signature** \_\_\_\_\_ **Date:**

**Date** \_\_\_\_\_ **Country of Citizenship** Canada

**Residence** \*\*Other Inventor Residence\*\*

**Post Office Address** \*\*Other Inventor Mailing Address\*\*

**E. Chan**

**Inventor's signature** \_\_\_\_\_ **Date:**

**Date** \_\_\_\_\_ **Country of Citizenship** Canada

**Residence** \*\*\* Other Inventor Residence\*\*\*

**Post Office Address** \*\*\*Other Inventor Mailing Address\*\*\*

**SIGNATURE BY LEGAL REPRESENTATIVE ON BEHALF OF DECEASED INVENTOR  
(37 CFR 1.42 and 1.43)**

I, \_\_\_\_\_ (First Heir or Representative Full Name\_, hereby declare that I am a citizen of \*  
\_\_\_\_\_, residing at \_\_\_\_\_, and that I am executing and  
signing the declaration to which this is attached as legal representative (or heirs) of:

*Country of Citizenship:*

T. Base  
Canada

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of legal representative (or all heirs)**